

# STRATEGIC PLAN

PREPARED BY:

**NEVADA'S DIVISION OF MENTAL HEALTH  
AND DEVELOPMENTAL SERVICES  
CARSON CITY, NEVADA  
March 2000**

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Vice Chairman:  
Social Worker:  
Registered Nurse:  
Psychiatrist:  
Marriage and Family Therapist  
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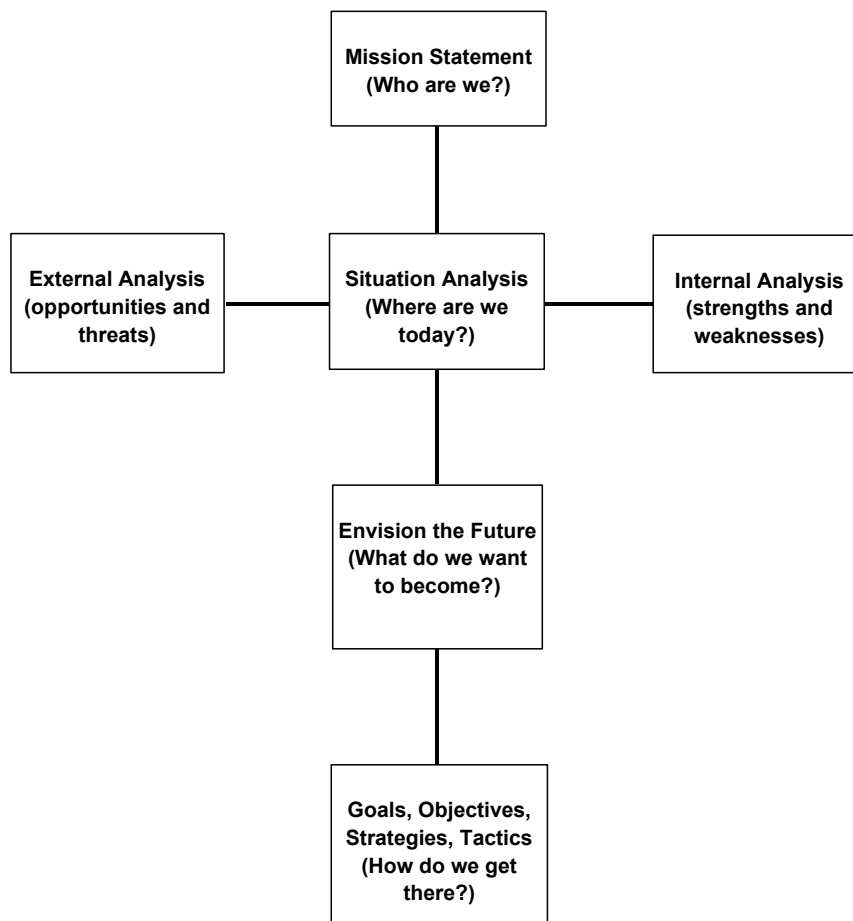
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## SUMMARY OF THE PROCESS

The Division of Mental Health and Developmental Services strategic planning process began in 1995 when we conducted our values clarification study. The values clarification study included extensive surveys of stakeholders including clients, family members, advocates, service providers, legislators, state administrators, the general public, and law enforcement. The values defined in that process are described starting on page four.

The planning process was completed through a series of meetings with Division administrative personnel. As a group we walked through the process outlined below:



The result of the meetings is what follows. Every effort was made to ensure someone was assigned responsibility for each strategy and there were measures for each objective.

## VALUES FOR MENTAL HEALTH



Community  
Integration

Clients contribute to the community through positive behavior, including involvement in community organizations and activities. Clients remain in the community as long as possible, and are treated in the hospital only when absolutely necessary.



Consumer  
Involvement

Clients are educated about their disorders and the treatments/services available, including self-help groups. Clients are actively involved in establishing goals for treatment, and in making decisions about treatments and services needed.



Consumer  
Satisfaction

Clients feel good about the kinds of services received and the results. They believe that services are delivered in a respectful and caring manner.



Family  
Support

Client's families are informed about and involved in their relative's care, when appropriate. Families are supported in coping with the practical and emotional difficulties of having a relative with mental illness. Families' burden due to their relatives' illness is minimized.



Improved  
Social  
Function

Clients make progress toward their potential in working or going to school, and in skillfully relating to others.

## VALUES FOR MENTAL HEALTH (continued)



Clients recognize themselves and are recognized by others as persons who are equal with others, who have worth and dignity, and who have needs, hopes, dreams, and preferences, just as others do.



Clients and others in the community are protected from dangers of the client's own behavior. Also, others are prevented from harming or taking advantage of clients.



Clients gain skills needed to handle the problems that come with having a mental illness, including skills needed for coping with emotional reactions to having a mental disorder, for dealing with stress, for having insight, and for meeting basic needs.



Clients' symptoms are reduced, stabilized, or prevented through treatment. Such symptoms may include problems with thinking, behavior, and moods.

## VALUES FOR DEVELOPMENTAL SERVICES



Choices

People choose personal goals and services. Choices include where to live and work and how to use free time.



People are included in the community

People live and participate in the community interacting with others and fulfilling different social roles.



Relationships

People have friends and relationships and remain connected to their natural support network.



Rights

People exercise their full rights as citizens and if their rights are limited they are afforded due process.

## VALUES FOR DEVELOPMENTAL SERVICES (continued)



Health

People have health care services adequate to achieve the best possible health.



Safety and  
Security

People are safe, free from abuse and have economic security in their life.



Satisfaction

People are satisfied with the services and assistance they receive in pursuing their goals.

# DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES STRATEGIC PLAN



## **VISION**

*For all Nevadan's with mental illness or developmental disabilities to realize their optimal potential as individuals and as valued citizens of their community and state.*

## **MISSION**

*Working in partnership with consumers, families, advocacy groups, agencies, and diverse communities, the Division of Mental Health and Developmental Services provides responsive services and informed leadership to ensure quality outcomes. This mission includes person-centered services in the least restrictive, most inclusive environment. This shall include prevention, education, habilitation, rehabilitation, and recovery for Nevadan's challenged with mental illness or developmental disabilities. These services shall maximize each individual's degree of independence, functioning, satisfaction, and self-sufficiency while ensuring the exercise of individual rights.*



1. **Goal:** The Division of MHDS provides and promotes high quality and cost effective services delivered in a safe environment.

- 1.1. **Objective:** SFY 2002 and 2003 budget requests will only be for programs that are proven to be cost effective and meet national quality standards.

**Measure:** Agency programs have received certification as complying with national standards.

- 1.1.1. **Strategy:** Program Evaluation will maintain current reporting on all established outcome measures. Reports should be generated monthly.
    - 1.1.2. **Strategy:** Program Evaluation will maintain current reporting on achievement of productivity standards.
    - 1.1.3. **Strategy:** Division administration and business managers will hold monthly operating statement meetings to review current status of agency budgets and Management Action Plans (MAPS).
    - 1.1.4. **Strategy:** Program Evaluation will maintain a complete and responsive data system that produces regular reports giving management the information necessary to evaluate and monitor program performance.
    - 1.1.5. **Strategy:** Program Evaluation will compare Nevada outcomes data with national standards or benchmarks from NASMHPD and The Council and prepare a report of the variances.
    - 1.1.6. **Strategy:** Agency administrators and ASO's will develop budgetary requests based upon a plan to address exceptions from the standards.
    - 1.1.7. **Strategy:** Quality Assurance staff will maintain a QA calendar that identifies programs or services to be reviewed within the next biennium.

- 1.2. **Objective:** Develop a training plan that will ensure all staff are knowledgeable of national quality standards by December 31, 2000.

**Measure:** Percentage of Division Staff completing training.

- 1.2.1. **Strategy:** The training committee will conduct an annual training needs assessment.
    - 1.2.2. **Strategy:** Each agency will develop and submit an annual training plan based upon the needs assessment for the administrator's approval. Plans are due by the end of January each year.
    - 1.2.3. **Strategy:** Each agency will make quarterly training reports and submit them to the administrator.

- 1.3. **Objective:** By July 1, 2001, identify methods of providing incentives to providers to not

only provide services but to provide quality services.

**Measure:** Percentage of turnover of Provider staff. Number of trainers assigned to a client in a 12 month period (turnover is measured at the client impact level).

Provider vacancy rates. This measures the provider's ability to hire qualified staff.

1.3.1. **Strategy:** Each agency will conduct at least quarterly meetings with providers to discuss concerns and areas of improvement.

1.3.2. **Strategy:** Quality Assurance staff will perform annual certifications of each provider based upon the quality of services received.

1.3.3. **Strategy:** Agency administrators will provide consumers an opportunity to meet with providers so they can make an informed choice of the provider they will receive services from.

1.3.4. **Strategy:** Agency ASO's will assess the adequacy of provider rates at least annually by conducting rate studies. Rate studies will be used to prepare budgetary requests.

1.4. **Objective:** Conduct reviews of MHDS agencies business processes to identify areas for improvement.

**Measure:** Number of reviews completed each year.

Additional revenues generated as a result of recommendations.

Costs avoided as a result of recommendations.

1.4.1. **Strategy:** The division's Management Analyst III will develop annual plans of reviews to be conducted. (Policy 3.010)

1.5. **Objective:** Improve safety by December 31, 2000.

**Measure:** Number of work-related injuries or illnesses reported annually in the OSHA 2000 report and biennial Risk Management report.

1.5.1. **Strategy:** The Division administrator and agency administrators will ensure each agency has a designated safety officer who complies with safety mandates.

1.5.2. **Strategy:** Using the annual EICON assessment of claims report, and the annual Division of MHDS staff survey, each agency safety officer will identify areas needing additional education and training regarding safe practices. The safety officers and agency administrators will develop and implement a plan to address areas with excessive or preventable claims.

2. **Goal:** The Division of MHDS will promote and support the least restrictive services possible in people's own communities while reducing the Division's reliance on providing services through institutional placements.

2.1. **Objective:** Agency budgets will commit at least 65% of funding to community based programs.

**Measure:** At least 65% of expenditures are for community based services.

2.1.1. **Strategy:** Complete a division-wide needs assessment at least once every 2 years.

2.1.1.1. **Task:** Quality Assurance personnel will prepare a detailed written assessment plan, including significant milestones. The plan will be completed and delivered to the Division Administrator by June 1 of each odd numbered year. The plan will address domains pertaining to access, appropriateness of services, outcome measurements and prevention. The plan will be devised through the collaboration of each region's agency heads and approved by the Division Central Office.

2.1.1.2. **Task:** Quality Assurance personnel will complete the assessment and present a formal report to the Division Administrator by December 1 of odd numbered years.

2.1.2. **Strategy:** Agency administrators will develop a comprehensive description of all services provided by the Division of MHDS by December 1 of odd numbered years. This will provide a listing of community services available to our clients.

2.1.2.1. **Task:** Division Management Analyst III will ensure completion of Phase One of the rate development plan by the requested deadlines.

2.1.3. **Strategy:** Identify the gaps in services offered by January 1 of even numbered years.

2.1.3.1. **Task:** Quality Assurance personnel will compare the services identified in the needs assessment to the listing of services offered by the Division of MHDS to identify any service gaps.

2.1.3.2. **Task:** Agency administrators will prepare a listing and comprehensive description of any new community services needed to fill the gaps. The description should be comprehensive enough to establish a billing rate in accordance with the Division's rate development process.

2.1.4. **Strategy:** Agency ASO's will develop budget requests based upon the need for community based services by August 15 of even numbered years. This assumes the budget requests are consistent with the Governor's budget directives.

2.1.4.1. **Task:** Agency ASO's and program evaluation staff will develop a method of quantifying the demand for all proposed services. The method should include quantifying the current demand (caseload) and a reasonable and simple method of projecting the demand (caseload) into the future.

2.1.4.2. **Task:** Agency administrators and agency ASO's will develop staffing ratios

that can be applied to projected caseloads to determine personnel needs. These ratios should be able to be applied from year to year to support requests for personnel to provide services.

- 2.1.4.3. **Task:** Agency ASO's will develop revenue estimates for the budget based upon the most current rate study, projected caseloads, and productivity standards for the positions providing the services.

- 2.2. **Objective:** By December 31, 2000, develop a service plan that allows institutional placements for only those clients whose current needs cannot be met through community based services.

**Measure:** Number of institutional beds maintained by the agency. This should be expressed as a bed count and % of total beds or placements funded.

- 2.2.1. **Strategy:** Agency administrators will proactively identify new service delivery methods through active participation in national professional organizations. Through this participation we will identify and assess state of the art service delivery methods.

- 2.2.2. **Strategy:** Agency administrators and ASO's will prepare budget requests that contain sufficient specific resources to allow participation in the national professional organizations.

3. **Goal:** The Division of MHDS will ensure services address the interests, rights, and needs of each individual consumer served.

- 3.1. **Objective:** By June 30, 2002, all persons served will have a Person Centered Plan. Person Centered Planning is matching supports and resources to what the person wants and needs for their future.

**Measure:** 100% of randomly selected treatment/consumer plans will be "person centered plans."

- 3.1.1. **Strategy:** The statewide training committee and each agency's leadership team will ensure all Division employees are trained in the concepts of person centered planning by January 1, 2001.

- 3.1.2. **Strategy:** Each agency's leadership team will have an organizational plan for implementing Person Centered Planning by July 1, 2000.

- 3.1.3. **Strategy:** The Division's QA plan will include the review of treatment/consumer plans for compliance with this objective.

- 3.2. **Objective:** Consumers will participate in program planning decisions by July 1, 2000.

**Measure:** Consumer surveys document consumers' agreement they have input into program planning.

- 3.2.1. **Strategy:** Each agency will have consumers involved in program planning, implementation, and monitoring.
- 3.2.2. **Strategy:** Each agency's leadership team will include consumer representation on agency leadership/executive committees and other committees as appropriate in the administrator's opinion.
- 3.2.3. **Strategy:** The Division QA section will conduct annual consumer surveys to assess the quality of services and the level of consumer satisfaction.
- 4. **Goal:** The Division of MHDS will use technology such as the Internet and comprehensive management information systems to improve accessibility to, and availability of services and the efficient use of resources.
  - 4.1. **Objective:** Each agency will ensure the Division's WEB page contains information regarding available services and how to access services by September 30, 2000.  
**Measure:** The WEB page contains a comprehensive listing of services that is the same as that in all budget documents.
    - 4.1.1. **Strategy:** Each agency's leadership team will ensure someone is assigned the task of reviewing the content of the WEB page and evaluating it's completeness as it relates to their agency.
  - 4.2. **Objective:** Keep the Divisions WEB page current.  
**Measure:** The WEB page will have a date indicating the last date it was updated and the date will be no older than 3 months.
    - 4.2.1. **Strategy:** Program Evaluation Staff will setup a method of reviewing the content of the Division's WEB page and developing updates on at least a quarterly basis.
  - 4.3. **Objective:** Every Division office should have e-mail by June 30, 2001.  
**Measure:** All division offices have e-mail addresses on all address and phone lists.
    - 4.3.1. **Strategy:** Each agency will conduct a review of current e-mail availability and develop a plan to meet the objective by the stated deadline.
  - 4.4. **Objective:** Create the ability of the Division to utilize tele-medicine to improve services and increase educational opportunities by December 31, 2000.  
**Measure:** Measure and report the time and cost savings through the use of tele-medicine.
    - 4.4.1. **Strategy:** Rural Clinics Leadership Team will research and identify the infrastructure needed to successfully utilize tele-medicine techniques.

4.4.2. **Strategy:** Rural Clinics Leadership Staff will ensure the agency conducts four field tests by July 1, 2000.

4.5. **Objective:** Complete a functional requirements definition or needs assessment of the Division's management information system within the next biennium.

**Measure:** Detailed formal report is completed by December 31, 2002.

4.5.1. **Strategy:** The Division administration will be responsible for educating the executive and legislative branch decision makers of the critical need for the development of a comprehensive data and billing system for the division.